VIII. RESPITE CARE FOR OLDER AND DISABLED ADULTS

Current Providers: _____

Funding Sources: _____

Total Funding Last Fiscal Year: _____

Units or Consumers Served Last Fiscal Year: _____

Cost per Unit (for each funding source): _____

A. EXISTENCE Are these services available to older and disabled adults in your community?	
1. Does your community have at least one provider that offers: group respite services? in-home respite services? institutional respite services?	 Yes No Yes No Yes No
2. If your community does not have one of the above types of respite programs, are there programs in neighboring communities or counties that could provide: group respite services? in-home respite services? institutional respite services?	 Yes No Yes No Yes No
3. Does your community have emergency: group respite services? in-home respite services? institutional respite services? (for example when a caregiver is hospitalized? When abuse or neglect is suspected? When there is a birth or a death in the family? etc.)	 Yes No Yes No Yes No
OVERALL EXISTENCE RATING	**1 2 3 4 5**

B. ADEQUACY Are these services in sufficient supply for those who need it?	
1. Is there a waiting list for respite services? If so, how many people are waiting for each type? Why is there a waiting list (ex. lack of funding, no provider)? (How many people are on the waiting list for each type of respite service in your community? How many people currently receive service? What is the ratio of the number waiting/the total number of people receiving services? How does the ratio compare to the state ratio and similar counties? If there is not a waiting list for service is it because everyone who qualifies gets services, because it is not agency policy to keep a waiting list, or another reason?)	Yes No
2. If there are waiting lists, how acceptable are the average waiting times? (What is the average waiting time for each type of respite service? How many people did not need service anymore by the time they reached the top of the waiting list last year?)	1 2 3 4 5
3. To what extent are respite services offered during non-traditional times (traditional times generally mean Monday through Friday, 8am – 5pm) such as at nights and on weekends? (What are the hours of operation of respite providers? What provisions can they make for off-hour needs? What % of consumers receive services at times other than during traditional hours?)	1 2 3 4 5
4. How sufficient is funding to respite services to all older and disabled adults in your community who may need it? (What funding sources pay for respite services in your community? Are there longer waiting lists for certain payor sources or certain types of respite care? What is the per capita expenditure on respite services in your community? How does this compare to the state average and similar counties?)	1 2 3 4 5
5. If your community has institutional respite care, how sufficient is the range of choices for consumers and their families?	1 2 3 4 5

(How many facilities offer institutional respite care in your community? Do institutions accept varied funding sources? Does your community have different levels of institutional respite available [e.g. assisted living, intermediate care, skilled care]?)	
6. How adequate are the maximum lengths of stay in your community's institutional respite programs? (What is the maximum length of stay in institutional respite care per funding source? What % of consumers utilize the maximum allowed by funding source?)	1 2 3 4 5
OVERALL ADEQUACY RATING	**1 2 3 4 5**

C. ACCESSIBILITY How obtainable are these services for those most in need?	
1. To what extent are transportation services available to bring consumers to group and/or institutional respite services, if needed? (What group and/or institutional respite programs offer transportation service for consumers? Is transportation subsidized for consumers who need assistance? What % of group and/or institutional consumers use transportation services to get to respite care?)	1 2 3 4 5
2. Do the respite programs in your community service older and disabled adults who have Alzheimer's Disease or other forms of dementia? (What % of current respite consumers have Alzheimer's Disease or other forms of dementia? Do respite care providers offer specialized programs or care for consumers with Alzheimer's Disease or other forms of dementia? Has anyone been turned away from service in the past 5 years because they had Alzheimer's Disease or dementia? If so, why?)	1 2 3 4 5
3. Do the respite programs in your community serve people with AIDS? (What % of current respite consumers serve consumers with AIDS? Has anyone been turned away from service in the past 5 years because they had AIDS? If so, why?)	Yes No
4. Do the respite programs in your community serve MH/DD/SAS consumers? (What % of current respite consumers are MH/DD/SAS consumers? Do respite care providers offer any specialized programs for MH/DD/SAS consumers? Has anyone been turned away from service in the past 5 years because they had severe MH/DD/SAS problems? If so, why?)	Yes No
5. Can the respite care programs in your community serve older and disabled adults with special physical needs? (What % of current respite consumers have special physical needs [such as consumers who require oxygen, who are paralyzed, who require assistance with ADLs, etc.? Has anyone been turned away from services of their special physical needs? If so, why?)	Yes No

6. How adequate are the outreach programs conducted for respite services in your community? (What types of public information, outreach, and other informational programs are offered to the general public, caregivers, and others? What % of consumers are self-or family-referred?)	1 2 3 4 5
7. To what degree are public communications and outreach activities consumer-friendly? (What is the average reading level of materials? Are materials available in languages other than English?)	1 2 3 4 5
8. To what degree do caregivers know about respite services in your community? (What types of public information, outreach and other informational programs are targeted to caregivers in your community? What % of initial contacts to respite care providers are made by caregivers? How do caregivers learn about the service in your community?)	1 2 3 4 5
9. To what extent do key referral sources, such as physicians and discharge planners, know about respite services in your community? (What % of consumers are from key referral sources? What % of their referrals are appropriate?)	1 2 3 4 5
10. To what degree are group and institutional respite providers' physical locations and service delivery process accessible to people with disabilities? (Are providers' facilities handicap-accessible? Are facilities located on public transportation routes?)	1 2 3 4 5
11. To what extent is funding available to consumers in need of financial assistance? (How many slots are subsidized? What is the number of subsidized slots ÷ the number of total slots? How does this proportion compare to the state average and similar counties? Do providers offer sliding-scale fees?)	1 2 3 4 5
OVERALL ACCESSIBILITY RATING	**1 2 3 4 5**

D. EFFICIENCY AND DUPLICATION OF SERVICES How reasonable are the costs of services? Are options for streamlining services available in the community?					
1. If there are multiple providers of each type of respite (in-home, group, and institutional), to what extent are the costs of services comparable? (What are average costs for each type of respite by provider? How does this range compare to state averages and to each other?)	1	2	3	4	5
2. How reasonable are respite care costs in your community? (What is the average cost of each type of respite in your community? How do these costs compare to the state average and similar counties? What % of contacts refuse service because of an inability to pay? What % of providers' budgets is used for administrative costs? How reasonable are the administrative costs for providing respite services in your community?)	1	2	3	4	5
3. To what extent do respite providers use budget-extending practices, such as fundraisers, foundation grants, memorial gifts, or client contributions to serve more consumers? (What % of providers' revenues comes from these sources?)	1	2	3	4	5
OVERALL EFFICIENCY AND DUPLICATION RATING	**1**	**2**	**3**	**4**	**5**

E. EQUITY How available are these services to all who need them without bias?					
1. To what extent are respite services available to all geographic areas in your community? (Where are group providers located? Are there any areas of your community that do not have access to respite care within a 20-mile radius? Are there any areas of your community where in-home respite providers can't provide service? If so, where? Why? Do any areas of your community seem to be over- or under-represented in the respite care population?)	1	2	3	4	5
2. To what degree are respite services available to all populations in your community without bias? (What are the demographic characteristics of respite consumers [per type of respite]? How do client characteristics (%) compare to the characteristics of your community's general older and disabled adult population?)	1	2	3	4	5
3. To what extent do respite providers treat subsidized consumers the same as private pay consumers? (Are there differences in services provided to subsidized vs. fee-paying consumers with respect to [food, services, transportation, etc.] by funding source for in-home respite care, are more experienced workers assigned to private pay consumers more often? If so, why? Are all personal care activities and house management activities available in in-home respite care programs in your community open to all consumers, regardless of funding source? Are there differences in room and board for private-pay, vs. subsidized, institutional respite consumers?)	1	2	3	4	5
4. If there is a waiting list, how sufficient is the system in place for prioritizing consumers in terms of need? (What rules, policies, and procedures are in place for prioritizing consumers?)	1	2	3	4	5
5. How adequate are the respite providers' nondiscrimination policies? (What are the providers' nondiscrimination policies? Do they differ from state and federal law? How are staff and consumers informed and educated about the nondiscrimination policies?)	1	2	3	4	5

6. To what degree do the institutional respite providers accept Medicare and/or Medicaid payment for respite stays? (How many providers accept Medicare and/or Medicaid? What % of respite care slots [by type of respite care] are currently paid for by Medicare/Medicaid?)	1	2	3	4	5
OVERALL EQUITY RATING	**1**	**2**	**3**	**4**	**5**

F. QUALITY/EFFECTIVENESS How successful are these services in addressing consumers' needs?	
1. Are the providers offering respite services in your community licensed by the state of North Carolina?	Yes No
2. Are the providers offering respite services accredited and/or certified?	Yes No
3. Do the LTC facilities offering institutional respite have any formal complaints or state regulatory violations on record? (What are the number and types of complaints made to county and state agencies? How many have been substantiated? By provider, what is the number of complaints per 1,000 residents and how do they compare to state rates and similar counties?)	Yes No
4. Do any funders regularly monitor respite providers?	Yes No
5. To what extent do the providers have staff adequately trained to deal with emergencies and/or special needs? (What types of training and/or certifications are required of staff before they can be hired? Do providers offer continuing education to staff? If so, what kinds? What % of staff are certified in CPR and first aid? What kinds of training do staff receive on the specific conditions that affect the consumers they serve, such as dementia, stroke, cancer and the effects of chemotherapy, vision and hearing loss, AIDS, diabetes, etc.?)	1 2 3 4 5
6. How adequate are the minimum staff to client ratios in institutional respite programs?	1 2 3 4 5
7. How adequate are the minimum staff to client ratios in group respite programs?	1 2 3 4 5
8. To what extent do respite services honor cultural differences? (How do providers honor cultural differences? Do providers try to make accommodations for consumers' special requests, such as food preferences? Is staff required to attend cultural sensitivity training? If not, is training offered in your community and available to staff? Have providers had any complaints in the past 5 years related to cultural differences? If so, what were the complaints? Were the complaints rectified appropriately?)	1 2 3 4 5
9. To what extent do institutional consumers return for subsequent respite stays?	1 2 3 4 5

(What % of institutional consumers return for services within one year and a two-year period?)	
10. How successful are the client enrollment criteria in ensuring that enrolled consumers can be safely served? (What are the admissions criteria for each type of respite care? Do the admission criteria seem reasonable? What types of consumers cannot be served in respite care in your community? How many accidents occurred in respite care during the past five years that required medical participation [care from a physician, hospital, etc.]?)	1 2 3 4 5
11. To what extent do institutional respite programs in your community target and help consumers experiencing difficult transitions during respite stays?	1 2 3 4 5
12. To what extent do respite providers regularly communicate unmet needs to county commissioners, planning, and other agencies? (Are providers represented in meetings of county commissioners, planning boards and other agencies? How?)	1 2 3 4 5
13. To what extent does an advisory committee(s) guide the operations of the respite providers? (Do respite providers have advisory committees? If so, who is on them? How many consumers and/or caregivers are on the committees? How often do they meet? What are the responsibilities of the committees?)	1 2 3 4 5
14. To what extent do respite providers survey consumers and their families to determine satisfaction with services? (Have consumers been surveyed in the past 5 years? If so, what process was used? What were the major findings?)	1 2 3 4 5
15. To what extent do the providers act on consumers' feedback? (What policy and/or programmatic changes have occurred in the past 5 years as a direct result of client feedback?)	1 2 3 4 5
16. How sufficient are the providers' complaint resolution processes? (What are the complaint resolution processes? How many complaints were documented last year at each agency? What was the nature of the complaints? What % were rectified?)	1 2 3 4 5

17. To what extent are complaints considered during planning, program development, or quality improvement efforts? (What policy and/or programmatic changes have occurred in the past 5 years as a direct result of client complaints?)	1	2	3	4	5
OVERALL QUALITY/EFFECTIVENESS RATING	**1**	**2**	**3**	**4**	**5**

Recap of Overall Group Respite Ratings					
Existence	1	2	3	4	5
Adequacy	1	2	3	4	5
Accessibility	1	2	3	4	5
Efficiency and Duplication	1	2	3	4	5
Equity	1	2	3	4	5
Quality/Effectiveness	1	2	3	4	5

Group Respite Services' Major Strengths:

Identified Barriers and Areas for Improvement: